

CHRISTMAS APPLICATION 2017
BOONE COUNTY
Please fill out completely

ONE application for TOYS per household. TOYS PROVIDED FOR CHILDREN AGES 12 AND UNDER.

HEAD OF HOUSEHOLD _____ AGE _____ SS# _____ - _____ - _____

SPOUSE'S NAME _____ AGE _____ SS# _____ - _____ - _____

MAILING ADDRESS _____ APT # _____

CITY _____ ZIP _____ COUNTY _____

STREET ADDRESS (IF DIFFERENT THAN MAILING) _____

TELEPHONE NUMBER(S) WHERE FAMILY CAN BE REACHED _____ or _____

List **EVERYONE ELSE** who lives in your home in the spaces below. Do not include anyone who does not live in the household full time.
AGE, SEX, AND SOCIAL SECURITY NUMBERS MUST BE INCLUDED.

Name	Race	Date of Birth	Sex	Relationship to Head of Household	Social Security Number

This application is for TOYS ONLY. If your application is denied, you will receive a written notice. If you DO NOT receive a denial, you may assume your application has been approved but feel free to call the Christmas Bureau at 304 414-4405 to check the status of your application.

A toy choice form is on the back of this application. It must be filled out in order to receive toys.

RETURN APPLICATION BY NOVEMBER 3, 2017

By completing and signing this application, you agree to have your information shared with other appropriate organizations and/or volunteers in order to coordinate Christmas giving. .

Applicant's Signature _____

Application Date _____

Check out the Christmas Bureau webpage at www.unitedwaycwviandr.org for deadlines and other program information!

FOR OFFICE USE ONLY: _____ # _____ # _____
Food Number Toys Number Certifying Agency